June 1, 2001

Roy Richardson

Approved for use through 11/30/2005. OMB 0651-0035
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Application Number

First Named Inventor

Filing Date

REQUEST FOR WITHDRAWAL

AS ATTORNEY AGENT

AND CHANGE OF CORRESPONDENCE ADDRESS Art Unit Examiner Name Altorney Docket Number 1410-00 To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or. the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this requests are: Patent Application Assignee requested transfer of case. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Robert A. McKinley Individual Name Address State PA Zip 19148	AO ATTORINE	AGENT	First Named inv	ento	Roy i	Richai	uson	
To: Commissioner for Patents P.O. Box 1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or. the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: Patent Application Assignee requested transfer of case. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Address Address Attorney Docket Number 1410-00 1410	AND CHAN		Art Unit		1744			
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record, the attorneys/agents associated with Customer Number 22469 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: Patent Application Assignee requested transfer of case. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Address 2531 S. 12th Street	CORRESPONDEN		Examiner Name		Monzer R. Chorbaji			
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Telephone No.

609-634-1669

Joan T. Kluger

Telephone Signature

Name

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO na consecuent or immission is required by or UPEN 1.30. The immission is required to cottain or retain a benefit by the public which is to list (and by the USPTO) to proceed) an application. Confidentially is governed by \$0 USEN. C.12 and 37 CPEN 1.11 and 1.14. This collection is estimated to lake 12 minushed to somplete, including apthering, preparing, and submitting the completed application from to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time pour sequite to complete this form and/or suggestions for retoring this butter, should be set to the CTM information Office. U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 2231-1450. On NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 2231-1450.

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38,940 (215) 751-2000